

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035339

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Cape Girardeau

Length of stay in 1b

39 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

111 N. Middle

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cape Girardeau

c. CITY

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

111 N. Middle

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Edgar

Middle

A.

Last

Fassel

4. DATE

OF DEATH

Month

Sept. 9, 1963

Day

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5.9.1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10b. KIND OF BUSINESS OR INDUSTRY

Baking

11. BIRTHPLACE (City and state or country)

Wittenberg, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Fassel

13b. MOTHER'S MAIDEN NAME

Pauline Winter

14. NAME OF HUSBAND OR WIFE

Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

Yes

WW I

16. SOCIAL SECURITY NO.

28

17. INFORMANT

Mrs. Marie Fassel Cape Girardeau

Address

18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocarditis + hypertension

6 mo

DUE TO (c)

Arteriosclerosis + Sclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY: (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/9/63 to 9/9/63 and last saw him alive on 9/9/63
Death occurred at 9/9/63 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Cape Girardeau Mo

22c. DATE SIGNED

9/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9.11.1963

23c. NAME OF CEMETERY OR CREMATORY

Lorimer Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-13-63

26. REGISTRAR'S SIGNATURE

Diane Kasten

Brinkopf Howell Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

VS 300
Rev. 4/59

10168

20168

3

4 0

5 1

6

7 0

8 2

9443X

10

11

12 90-2

13 1-0

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.